

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>18/608028</u>	FILING DATE
							APPLICANT(S)	
							CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1		1				51	
2							52	
3							53	
4							54	
5	1		1				55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
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30							80	
31							81	
32							82	
33							83	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2		8				TOTAL IND.	
TOTAL DEP.	4		8				TOTAL DEP.	
TOTAL CLAIMS	6		16				TOTAL CLAIMS	